



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
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P.O. Box 1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

20583 7590 01/15/2004

JONES DAY  
222 EAST 41ST STREET  
NEW YORK, NY 10017

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/536,552	03/28/2000	Andrew L. Mason	9926-003-999	5583

TITLE OF INVENTION: IDENTIFICATION OF A NOVEL RETROVIRUS ASSOCIATED WITH PRIMARY SCLEROSING CHOLANGITIS AND AUTOIMMUNE HEPATITIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EPFS FORD, JANET L	1635	435-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones Day

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Alton Ochsner Medical Foundation

New Orleans, Louisiana

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 5

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3013 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

by: Samuel B. Abrams

(Date)

Reg No. 43,492

Samuel B. Abrams

Reg. No. 30,605

4/15/04

04/20/2004 HLE444 00000105 503013 09536552

01 FC:2501

665.00 DA

02 FC:8001

15.00 DA

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



04-19-04

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mason *et al* Confirmation No.: 5583  
Serial No.: 09/536,552 Art Unit: 1635  
Filed: March 28, 2000 Examiner: Janet L. Epps  
For: IDENTIFICATION OF A NOVEL  
RETROVIRUS ASSOCIATED  
WITH PRIMARY SCLEROSING  
CHOLANGITIS AND  
AUTOIMMUNE HEPATITIS Attorney Docket No: 9926-003-999

TRANSMITTAL OF ISSUE FEE**BOX ISSUE FEE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Allowability and Issue Fee due mailed January 15, 2004 by the U.S. Patent and Trademark Office, Applicants submit herewith an Issue Fee Transmittal - Part B.

It is estimated that no additional fee beyond that of the issue fee is required. In the event an additional fee is required, please charge Jones Day, Deposit Account No. 50-3013.

Respectfully submitted,

Date: April 15, 2004

Samuel B. Abrams 30,605  
Samuel B. Abrams (Reg. No.)

By: Jacqueline Benn 43,492  
Jacqueline Benn (Reg. No.)

Enclosures